

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004562

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317Primary Registration District No. 541Registrar's No. 374

FILED FEB 13 1963

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St Louis County Clayton</b>		c. CITY OR TOWN <b>St Louis 14, Mo</b>	
Length of stay in 1b <b>1 day</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Louis County Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>8208 Albin Avenue</b>	
3. NAME OF DECEASED (Type or print) First <b>Helen</b> Middle <b>G</b> Last <b>McGee</b>		4. DATE OF DEATH Month <b>February</b> Day <b>1</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/8/1900</b>
9. AGE (last birthday) <b>62</b>		10. IF UNDER 1 YEAR Months <b>62</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secretary</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St Louis, Mo</b>	
11. BIRTHPLACE (City and state or country) <b>St Louis, Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>David Grey</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Meyers</b>	
14. NAME OF HUSBAND OR WIFE <b>Dewey Ross McGee</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>No</b>	
16. SOCIAL SECURITY NO. <b>032</b>		17. INFORMANT <b>Mr Dewey R. McGee 8208 Albin</b>	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Intra-cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Generalized Atherosclerosis</b>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
21. I attended the deceased from <b>1-31-63</b> to <b>2-1-63</b> and last saw her alive on <b>2-1-63</b>		Death occurred at <b>12:35 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>H. R. Philbert, M.D.</b>		22b. ADDRESS <b>601 S. Brentwood, Clayton 5, Mo.</b>	
22c. DATE SIGNED <b>2/2/63</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>2/4/63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles</b>	
23d. LOCATION (City, town, or county) (State) <b>St Louis County, Mo</b>		24. FUNERAL DIRECTOR <b>Kreigshauser West 9450 Olive St</b>	
25. DATE RECD. BY LOCAL REG. <b>2-3-63</b>		26. REGISTRAR'S SIGNATURE <b>John B. Murphy, M.D.</b>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

14002

24002

3

4 1

5 1

6

7 0

8 1

9331X

10

11

1245-0

13

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*William B. White*

Licensed Embalmer No. \_\_\_\_\_

*4291*

P. O. Address \_\_\_\_\_

*7450 Olive St. Rd.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.